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D A R F I E L D

URBAN DISTRICT COUNCIL

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ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

FOR THE YEAR 1953

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D A R F I E L D  
U R B A N   D I S T R I C T   C O U N C I L

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A N N U A L   R E P O R T  
O F   T H E  
M E D I C A L   O F F I C E R   O F   H E A L T H  
F O R   T H E   Y E A R   1953

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DARFIELD URBAN DISTRICT COUNCIL

Divisional Health Office,  
6 Victoria Road,  
BARNESLEY.

September, 1954.

ANNUAL REPORT  
of the  
MEDICAL OFFICER OF HEALTH  
for the year 1953

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To the Chairman and Members of the  
Darfield Urban District Council.

Mr. Chairman and Gentlemen,

I have the honour to present to you my Annual Report on the health and social conditions of your Urban District for the year ended 31st December, 1953. The report has the same general outline as those for previous years and includes once again a survey of the health services for which the County Council is the administrative authority. A brief statement of and comment upon the hospital arrangements have also been included to give as complete a picture as possible for the health services.

The vital statistics were again favourable though the rise in the infantile mortality rate, while capable of explanation, is nevertheless to be noted and regretted. But, as in the previous year, I think the greatest cause for satisfaction to be derived from the information contained in the report lies in the tremendous housing progress which was made last year. For a small urban authority the size of Darfield to complete 103 houses in the year is quite remarkable. Again, while the building of new houses went on with such commendable speed, the repair of old property was not forgotten and a start was also made on slum clearance. Yes, housing success must take pride of place in this report and I am glad that it should for housing and health are intimately inter-related and progress in the one will eventually be reflected by improvement in the other.

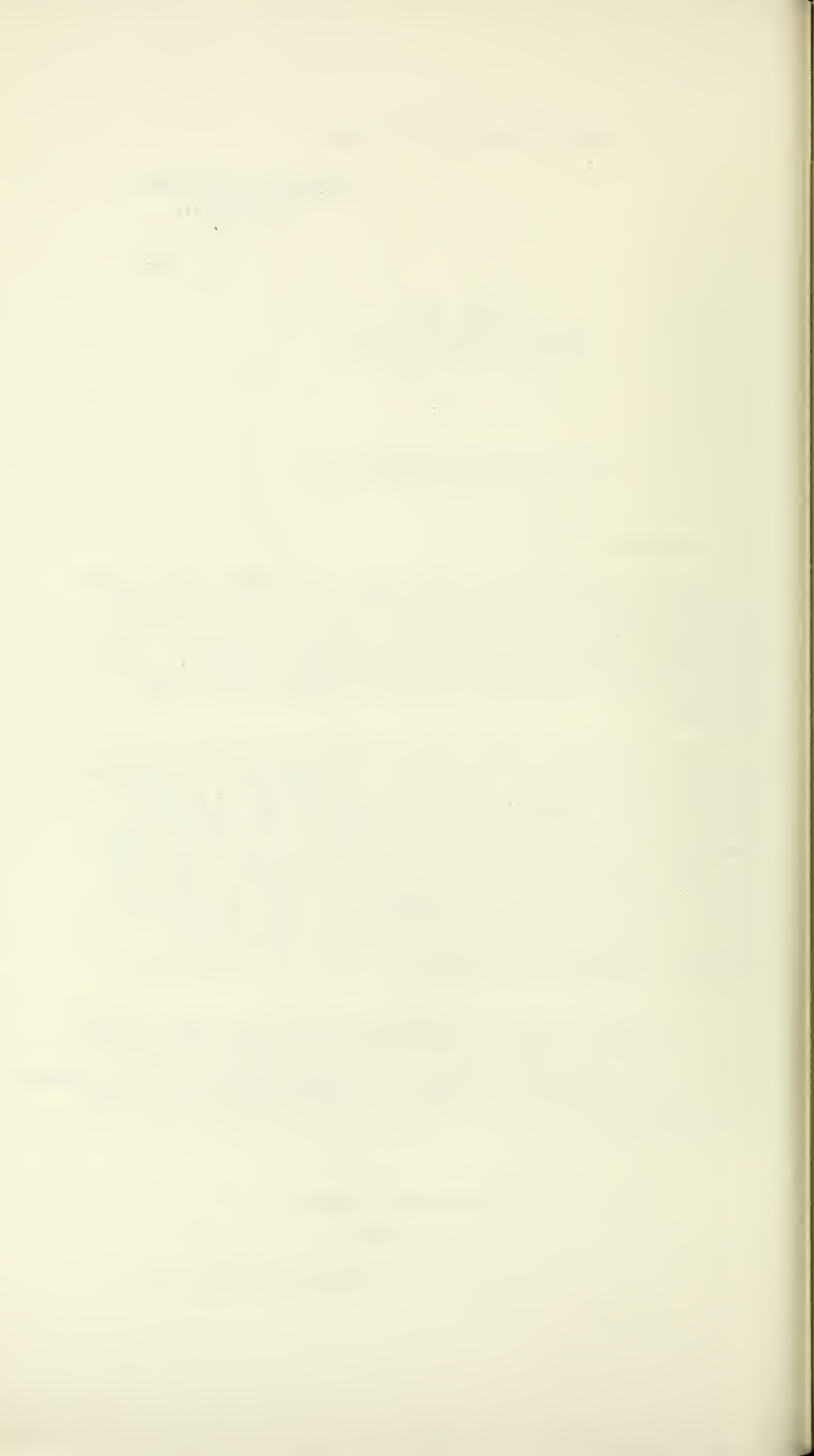
I would like to take the opportunity to thank the members of the Council for their support and continued interest in all matters relating to the health of the district, my divisional health staff for their willing assistance and your Surveyor and Sanitary Inspector, Mr. C. Gawthorne, for the ready co-operation and support he has always given me. He has prepared that part of the report dealing with the sanitary circumstances of the district.

I am,

Your obedient servant,

R. S. HYND.

Medical Officer of Health.



DARFIELD URBAN DISTRICT COUNCIL

ANNUAL REPORT  
FOR THE YEAR 1953

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Statistics and Social Conditions of the Area:

Area	2,018 acres.
Population (Census 1951)	6,238
Registrar General's estimate of resident population mid 1953	6,396
No. of inhabited houses	2,035
Rateable Value as at 31st December, 1953	£23,911.
Nett product of a Penny Rate as at 31st March, 1953	£85. 0. Od.

Coal mining is the principal occupation of the population.

VITAL STATISTICS

Births

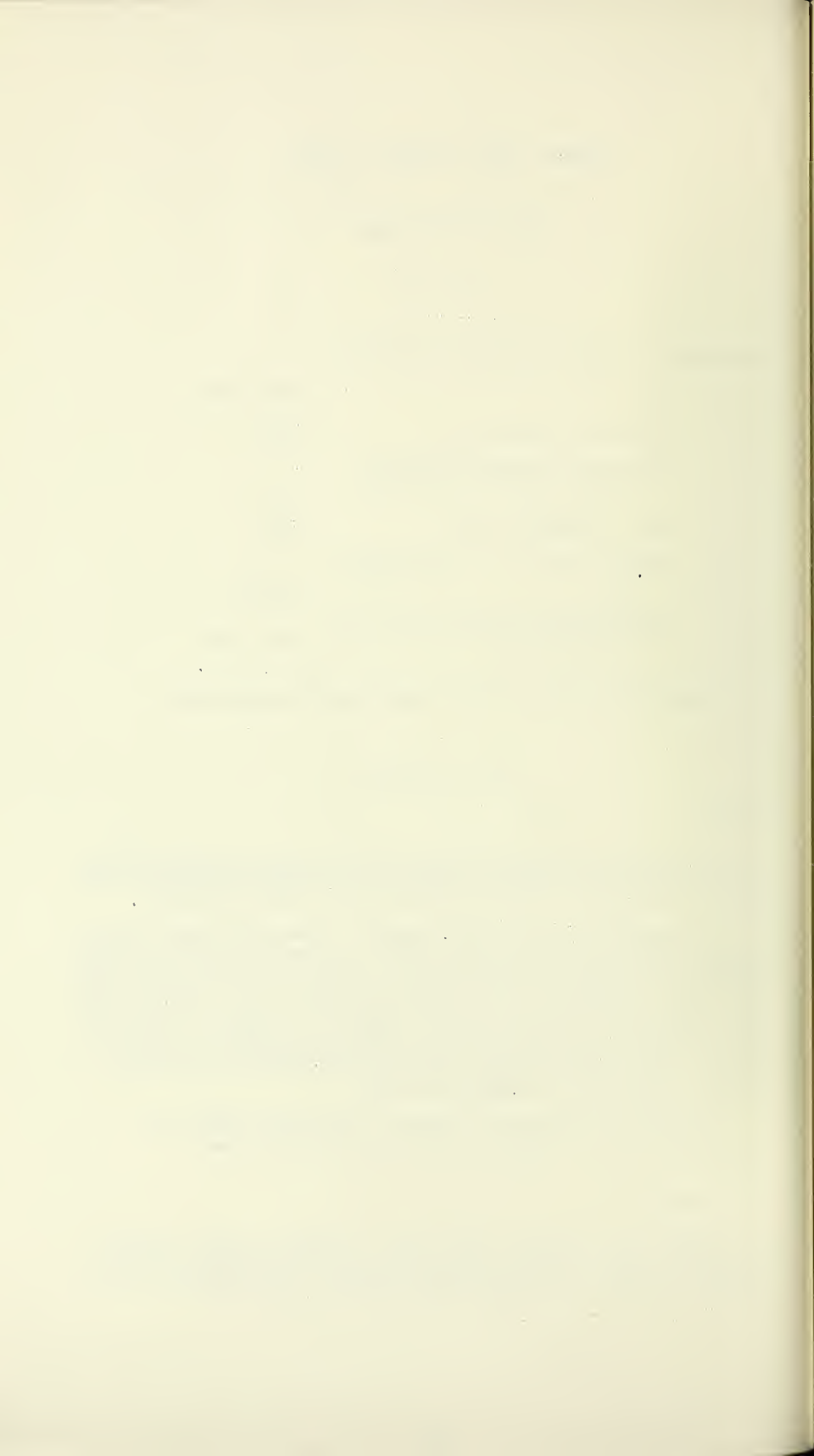
The number of births, registered during the year, was 105 of whom 54 were males and 51 females, a decrease of 8 compared with 1952. There were 2 illegitimate births or 1.8% of the total births registered.

The Registrar General again supplied a comparability factor for the births in 1953 which relates the proportion of women of child-bearing age in the district with the proportion in a standard population. The crude birth rate multiplied by the comparability factor gives an adjusted birth rate which is comparable with similar adjusted rates for other districts and with the rate for the country as a whole. The adjusted birth rate for the district was 17.2 per 1,000 estimated population as compared with 19.0 per 1,000 estimated population for 1952 and with 15.5 per 1,000 estimated population for England and Wales.

The excess of births over deaths, or the natural increase of population was 42 as compared with 48 for the previous year.

Stillbirths

There was 1 stillbirth last year, 4 less than in 1952. The still-birth rate showed a decrease from 0.79 per 1,000 estimated population in 1952 to 0.16 per 1,000 estimated population. The stillbirth rate for England and Wales was 0.35 per 1,000 estimated population.





### Birth Rate

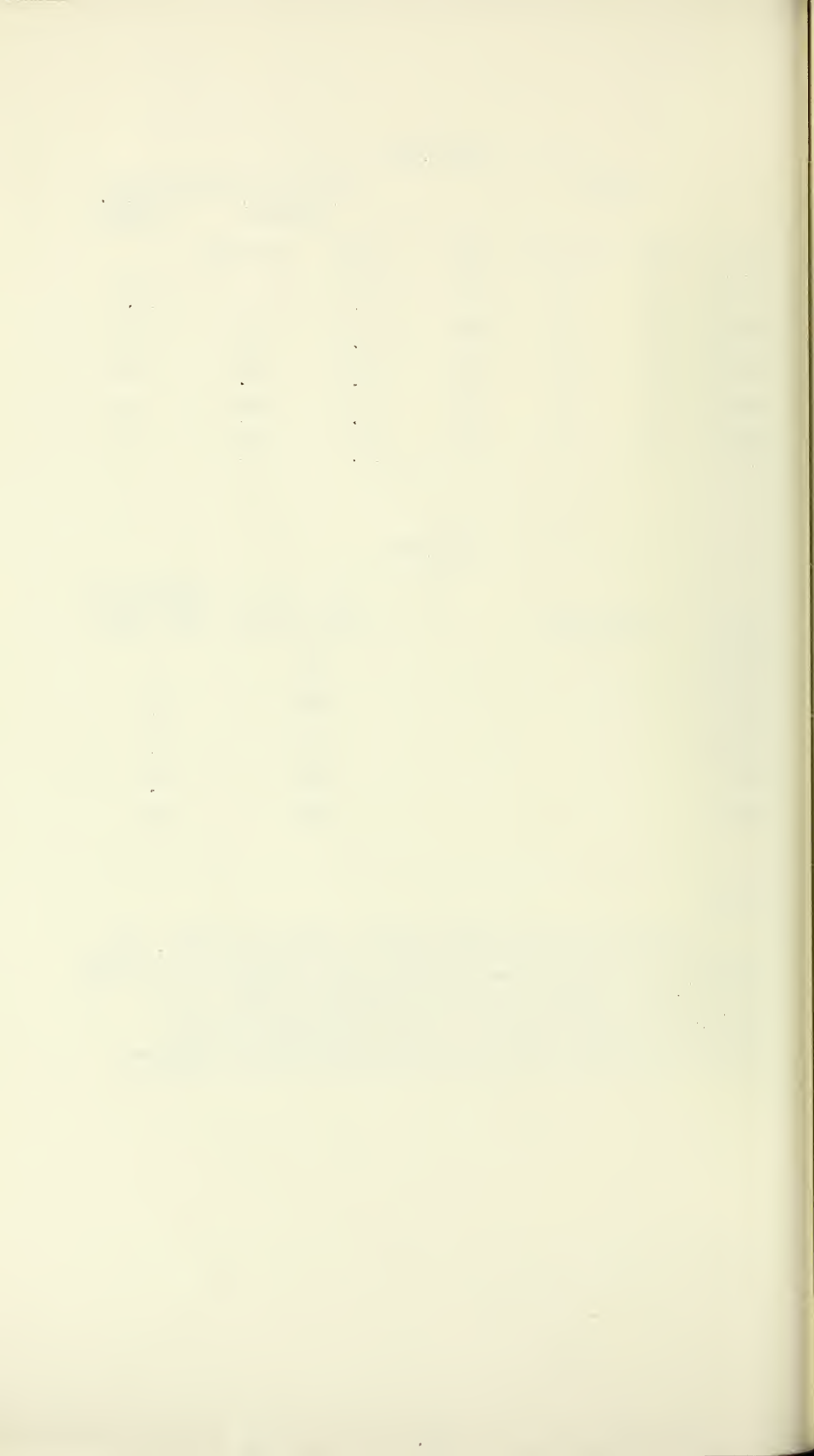
Year	Births			Rate per 1,000 population.		
	Males	Females	Total	Darfield	England & Wales	
				Crude	Adjusted	
1949	58	54	112	18.2		16.7
1950	56	51	107	17.2	18.1	15.8
1951	49	43	92	14.8	15.6	15.5
1952	67	46	113	18.1	19.0	15.3
1953	54	51	105	16.4	17.2	15.5

### Stillbirths

Year	Stillbirths	Total Births Live and Still	Percentage of Stillbirths to Total Births
1949	-	112	-
1950	2	109	1.8
1951	2	94	2.1
1952	5	118	4.2
1953	1	106	0.9

### Deaths

The number of deaths in 1953 was 63 as against 65 in 1952. The adjusted death rate was 10.9 per 1,000 estimated population as compared with 11.5 per 1,000 estimated population for the previous year and with 11.4 per 1,000 estimated population for England and Wales. The principal causes of death in order of numerical importance were: heart and circulatory diseases; cancer; respiratory diseases. Statistics relating to death rates and causes and ages at death are given in tabular form at the end of the section on vital statistics.



## Infantile Mortality

There were 4 deaths last year in infants under one year of age as against one only in 1952. The infantile mortality rate was 38.1 per 1,000 live births as compared with 8.8 per 1,000 live births for the previous year and with 26.8 per 1,000 live births for England and Wales.

When the ages and causes of the deaths are examined the increased mortality rate last year is not perhaps so disturbing as it might appear at first sight. All the babies were very feeble at birth, three failed to survive the first 24 hours and the fourth died on the 5th day. The cause of death was in two instances prematurity, in one instance birth injury and one baby was born with a severe congenital malformation incompatible with prolonged existence. It can be said that the deaths were due to causes beyond our strict control, to hazards which are, so to speak, inherent in every pregnancy and birth.

Last year all the infant deaths occurred within the neo-natal period, a fact which, paradoxically, may have a relationship to the improved ante-natal care of recent years. It is often found that as the stillbirths decline the neo-natal deaths increase, the one to some extent counter-balancing the other. This certainly was so in Darfield last year when a low still birth rate was accompanied by an increase in the neo-natal mortality rate and the explanation may well be that efficient ante-natal care increased the chance of survival at birth but failed to overcome the further risks of the neo-natal period. We should not be disturbed by this explanation, which may not be wholly correct, for careful ante-natal care must eventually lead to increased knowledge and elimination of those deaths the causes of which are as yet unknown.

## Maternal Mortality

I am happy to report that there were no deaths from maternal causes during the year.

### Infantile Mortality Rate

1944	...	...	...	32.5	1949	...	...	...	62.5
1945	...	...	...	96.0	1950	...	...	...	18.6
1946	...	...	...	66.1	1951	...	...	...	21.7
1947	...	...	...	7.2	1952	...	...	...	8.8
1948	...	...	...	28.6	1953	...	...	...	38.1

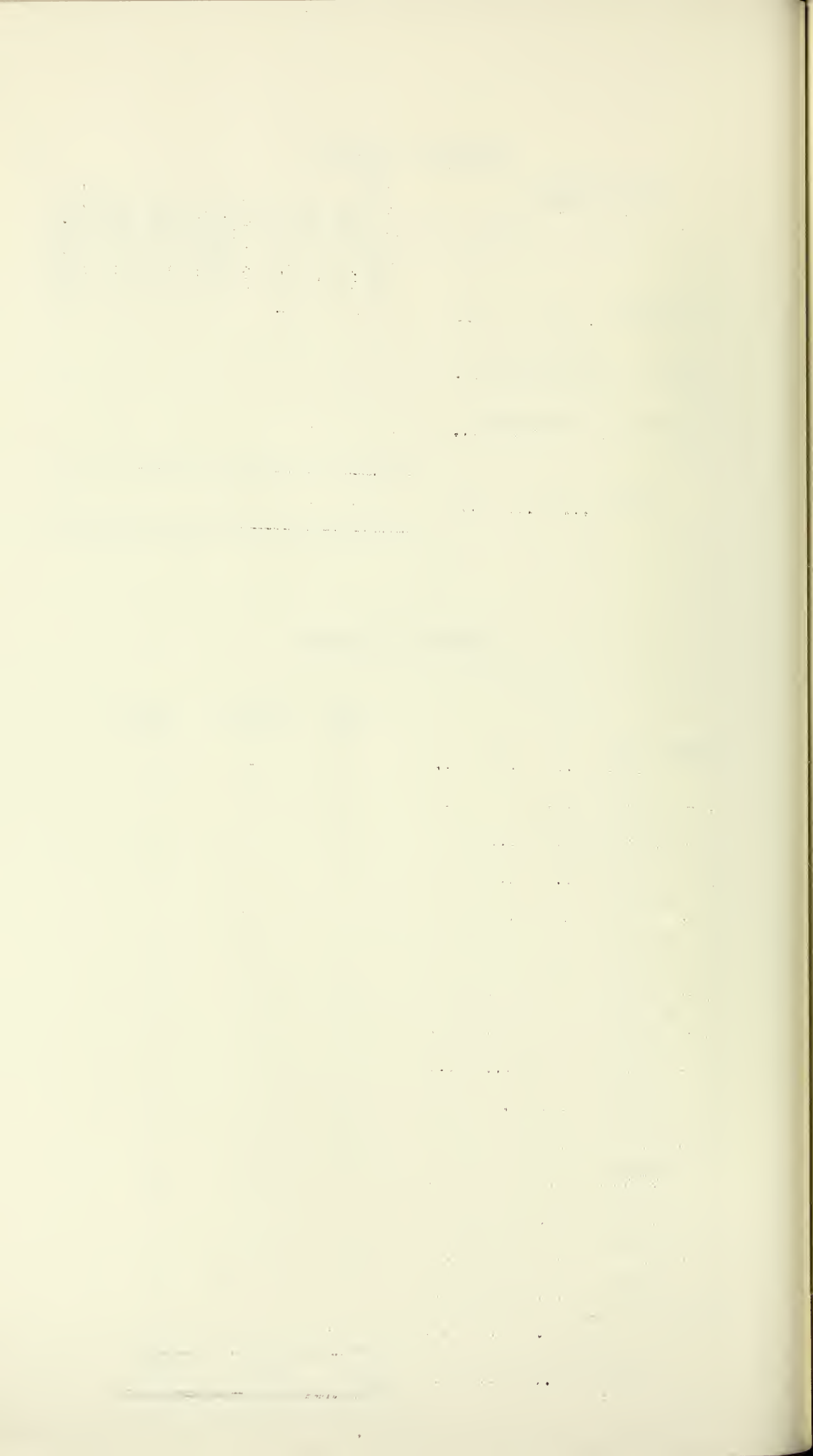


# INFANTILE MORTALITY

<u>Cause of Death</u>	Under 1 week	1-2 weeks	2-3 weeks	3-4 weeks	Total under 1 month.	1-3 months	3-6 months	6-9 months	9-12 months	Total under 1 year.
Prematurity ... ..	2	1	1	1	2	1	1	1	1	2
Congenital Malformations ...	1	-	-	-	1	-	-	-	-	1
Intra-cranial hæmorrhage ...	1	-	-	-	1	-	-	-	-	1
<b>TOTAL ... ..</b>	<b>4</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>4</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>4</b>

# DEATHS IN AGE GROUPS

	Males	Females	Total
Under 1 year ... ..	3	1	4
1 - 5 years ... ..	-	-	-
5 - 10 years ... ..	-	-	-
10 - 15 years ... ..	1	1	2
15 - 20 years ... ..	-	-	-
20 - 25 years ... ..	-	1	1
25 - 35 years ... ..	2	2	4
35 - 45 years ... ..	2	-	2
45 - 55 years ... ..	2	-	2
55 - 65 years ... ..	9	2	11
65 - 70 years ... ..	5	4	9
70 - 75 years ... ..	6	5	11
75 - 80 years ... ..	1	6	7
80 - 85 years ... ..	1	2	3
85 - 90 years ... ..	3	2	5
90 years and over . ...	-	2	2
<b>TOTALS ... ..</b>	<b>35</b>	<b>28</b>	<b>63</b>



# CAUSES OF DEATH IN 1953

Causes of Death	Males	Females
1. Tuberculosis, respiratory ... ..	1	-
2. Tuberculosis, other ... ..	-	-
3. Syphilitic Disease ... ..	1	-
4. Diphtheria ... ..	-	-
5. Whooping Cough ... ..	-	-
6. Meningococcal Infections ... ..	-	-
7. Acute Poliomyelitis ... ..	-	-
8. Measles ... ..	-	-
9. Other infective and parasitic diseases... ..	-	-
10. Malignant neoplasm, stomach . ...	3	1
11. Malignant neoplasm, lung, bronchus	5	-
12. Malignant neoplasm, breast ...	-	-
13. Malignant neoplasm, uterus ...	-	-
14. Other malignant and lymphatic neoplasms ... ..	4	1
15. Leukaemia, aleukaemia ... ..	-	-
16. Diabetes ... ..	-	-
17. Vascular lesions of nervous system	-	5
18. Coronary disease, angina .. ...	3	3
19. Hypertension with heart disease	1	-
20. Other heart disease .. ...	4	6
21. Other circulatory disease .. ...	2	1
22. Influenza ... ..	-	1
23. Pneumonia ... ..	-	2
24. Bronchitis ... ..	1	3
25. Other diseases of respiratory system	3	-
26. Ulcer of stomach and duodenum ...	-	-
27. Gastritis, enteritis and diarrhoea	1	-
28. Nephritis and nephrosis ... ..	1	-
29. Hyperplasia of prostate ... ..	-	-
30. Pregnancy, childbirth, abortion ...	-	-
31. Congenital malformations ... ..	-	1
32. Other defined and ill-defined diseases ... ..	3	4
33. Motor vehicle accidents ... ..	1	-
34. All other accidents ... ..	1	-
35. Suicide ... ..	-	-
36. Homicide and operations of war ...	-	-
<hr/>		
All causes ... ..	35	28
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Births Rates, Death Rates, Analysis of Mortality,  
Maternal Mortality and Case-rates for certain Infectious  
Diseases in the Year 1953. Provisional figures based on  
Quarterly Returns.

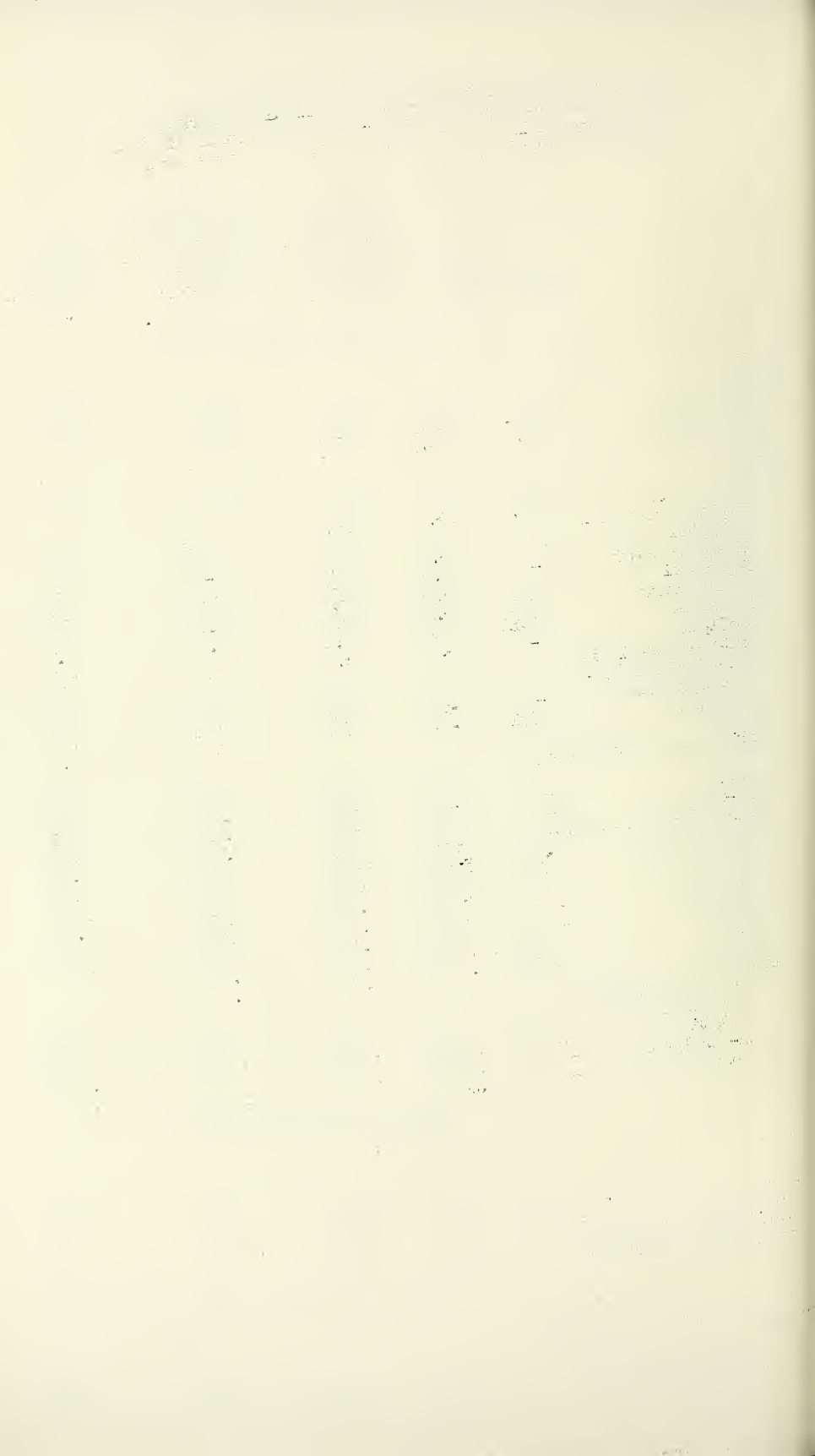
	Darfield U. D.	England and Wales	160 County Boroughs & Great Towns (including London)	160 Smaller Towns (resident population 25,000-50,000 at 1951, Census).	London Admini- strative County.
Rates per 1,000 Home Population					
Births:					
Live Births	17.2	15.5	17.0	15.7	17.5
Still Births	0.16	0.35	0.43	0.34	0.38
Deaths:					
All Causes	10.9	11.4	12.2	11.3	12.5
Typhoid and Para- Typhoid	-	0.00	0.00	-	-
Whooping Cough	-	0.01	0.01	0.00	0.00
Diphtheria	-	0.00	0.00	0.00	-
Tuberculosis	0.16	0.20	0.24	0.19	0.24
Influenza	0.16	0.16	0.15	0.17	0.15
Smallpox	-	0.00	0.00	0.00	-
Acute Poliomyelitis (including Polio- encephalitis)	-	0.01	0.01	0.01	0.01
Pneumonia	0.31	0.55	0.59	0.52	0.64
Notifications (Corrected):					
Typhoid	-	0.00	0.00	0.00	0.01
Para-Typhoid	-	0.01	0.01	0.01	0.01
Meningococcal Infection	-	0.03	0.04	0.03	0.03
Scarlet Fever	0.62	1.39	1.50	1.44	1.02
Whooping Cough	0.16	3.58	3.72	3.38	3.30
Diphtheria	-	0.01	0.01	0.01	0.00
Erysipelas	-	0.14	0.14	0.13	0.12
Smallpox	-	0.00	0.00	0.00	-
Measles	3.44	12.36	11.27	12.32	8.09
Pneumonia	0.94	0.84	0.92	0.76	0.72
Acute Poliomyelitis (including Polio- encephalitis):					
Paralytic	0.16	0.07	0.06	0.06	0.07
Non-Paralytic	-	0.04	0.03	0.04	0.03
Food Poisoning	-	0.24	0.25	0.24	0.38

Rates per 1,000 Live Births

Deaths:					
All causes under 1 yr. of age	38.1	26.8	30.8	24.3	24.8
Enteritis & Diarrhoea under 2 yrs.of age	-	1.1	1.3	0.9	1.1

Rates per 1,000 (Total Live & Still) Births

Notifications (Corrected):					
Puerperal Fever and Pyrexia	-	18.23	24.33	12.46	28.61



# MATERNAL MORTALITY IN ENGLAND AND WALES

Intermediate List Number and Cause	No. of Deaths	Rates per 1,000 Total (Live and Still) Births		Rates per million Women aged 15-44
A 115 Sepsis of pregnancy, child- birth and the puerperium Abortion with toxæmia	68 7	0.10 0.01		1
A 116 Other toxæmias of pregnancy and the puerperium	166	0.24		
A 117 Haemorrhage of pregnancy and childbirth	90	0.13		
A 118 Abortion without mention of sepsis or toxæmia	30	0.04		3
A 119 Abortion with sepsis	39	0.06		4
A 120 Other complications of pregnancy, childbirth and the puerperium	125	0.18		



# PRINCIPAL VITAL STATISTICS FOR THE YEAR 1953

Based on the Registrar General's  
Figures.

	Darfield Urban District	Aggregate W. Riding Urban Districts	West Riding Admin. County	England and Wales (Provisional figures)
Birth Rate per 1,000 estimated population:				
Crude	16.4	15.4	15.7	15.5
Adjusted	17.2	15.5	16.0	
Death Rate per 1,000 estimated population:				
Crude	9.8	12.5	11.6	11.4
Adjusted	10.9	12.6	12.1	
Infective and Parasitic Diseases including Tuberculosis but including Venereal Diseases				
	0.16	0.09	0.08	Not available
Tuberculosis:				
Respiratory	0.16	0.17	0.16	0.18
Other	-	0.02	0.02	0.02
All forms	0.16	0.19	0.18	0.20
Cancer	2.19	1.99	1.88	1.99
Vascular lesions of the nervous system				
	0.78	1.96	1.76	Not available.
Heart and circulatory diseases	3.13	4.63	4.26	-do-
Respiratory diseases	1.56	1.39	1.30	-do-
Maternal Mortality	-	0.38	0.51	0.76
Infant Mortality	38.1	27.6	29.2	26.8
Stillbirths	9.4	25.0	24.7	22.4

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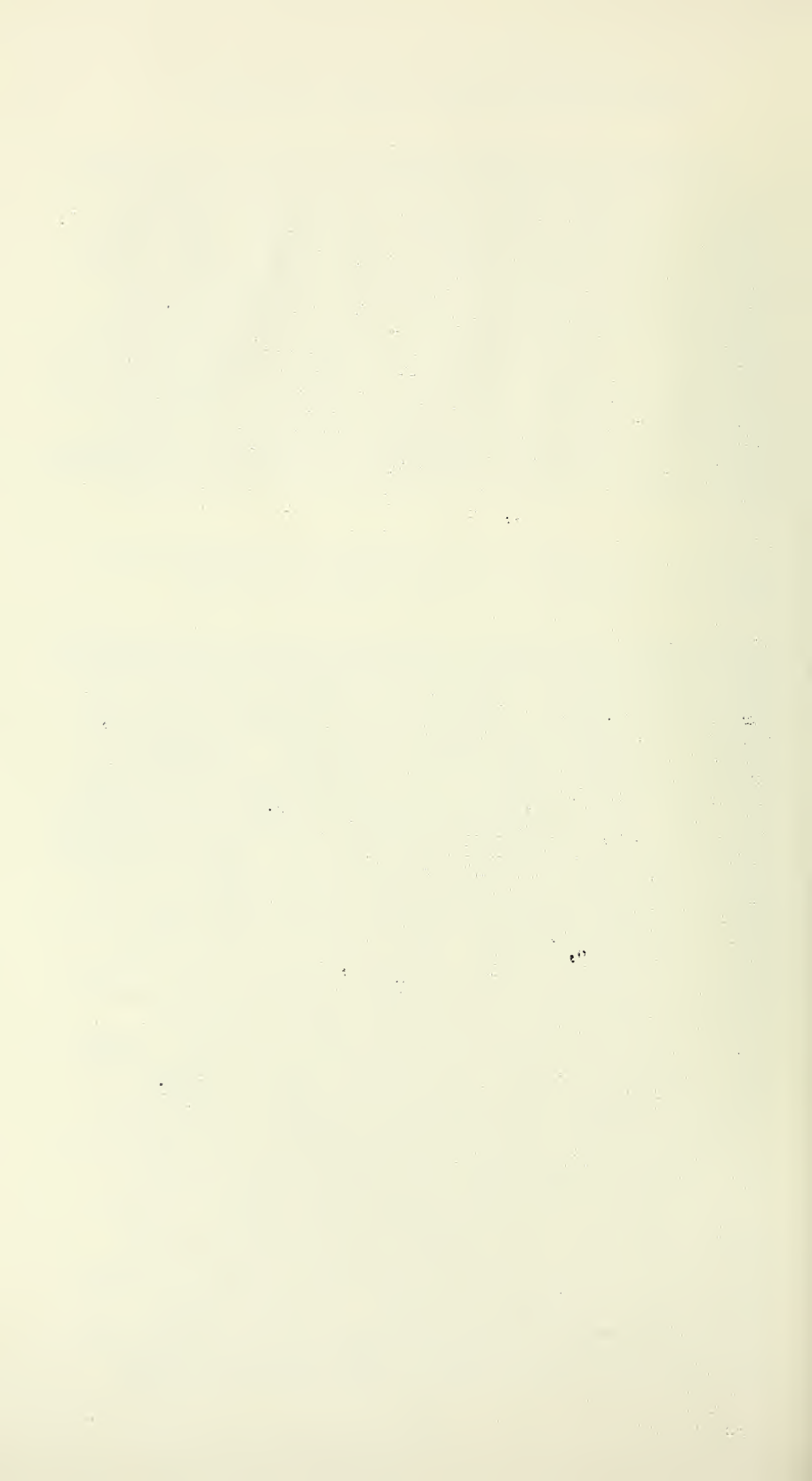
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## General Provision of Health Services in the Area

The provision of residential accommodation for the aged and infirm and for those in need of care and attention rests with the County Council. Requests for such accommodation last year were few and most of the applicants were found suitable vacancies without delay. There was some shortage of ground floor accommodation in the hostels for those older patients whose infirmities prevented them from climbing stairs. These patients might be classified as "border-line" cases between the aged infirm group and the aged sick and herein lies a difficulty for the responsibility for the aged infirm rests with the Local Health Authority whereas the responsibility for the aged sick rests with the Regional Hospital Board. It is this group of aged people who require ground floor hostel accommodation and an increase in the number of applicants from this group for residential accommodation was apparent. Happily there has been established between the Local Health Authority and the Hospital Management Committee a close understanding on the health and welfare of the aged and, in consequence, difficulties in deciding whose responsibility for the residential care of the "border-line group" of aged persons seldom occurred.

I am glad to report that in no instance was it necessary to take action under Section 47 of the National Assistance Act, 1946.

As in previous year, I make brief comment upon the hospital services for the district. The hospital needs of the acute sick and of maternity patients, both as regards in-patient and out-patient treatment were, as usual, well provided for by the Sheffield and Barnsley hospitals. The arrangements for hospital treatment for those suffering from infectious diseases were excellent and vacancies in sanatoria for tuberculous patients were usually obtained without undue delay. Accommodation for the chronic sick, while improved was not always completely adequate and difficulty in obtaining admission was experienced during certain periods of the year. While a seriously ill patient of whatever age or disease is always found immediate hospital accommodation where hospital treatment is essential it is not always appreciated that the same urgency for hospital admission might arise, not on medical but on social grounds. The old person living alone, who while not gravely ill nevertheless shows evidence of general physical deterioration, the household caring for the chronic sick patient who becomes further harassed by acute sickness in another member of the household; both of these are instances where admission to hospital is a matter of urgency on social grounds. Until this class of patient can be given hospital admission with as equal expedition as that given to the acute sick there will always be something lacking in the provisions of the hospital services. I would like to write that the hospital accommodation for the mentally defective person was improved last year, but I regret to state it remained unaltered and unsatisfactory. I do not forget that the local health authority has definite responsibility for the health and welfare of the mentally defective and the effective discharge of that responsibility was made easier by the agreement with the Barnsley County Borough to admit mentally defective children for training in their Occupation Centre. Thirteen such children from the division attended the Centre regularly last year to the mutual benefit of the children and their respective families. Further improvement in the situation may be expected in the future for the County Council has agreed to convert that part of The Gables, Wombwell, until recently used as the Divisional Health Office, into an Occupation Centre. I am certain that the more facilities made available for the training of mentally defective children, particularly in Occupation Centres, the less need there will be to seek institutional accommodation though the need will always remain for those in whom the degree of mental deficiency is severe.





## General Hospitals

The general hospitals serving your district and administered through the Sheffield Regional Board are given below:

1. The United Group Hospitals, Sheffield.
2. The Beckett Hospital, Barnsley.
3. The St. Helen Hospital, Barnsley.
4. The Moorgate General Hospital, Rotherham.

## Infectious Diseases Hospitals

All infectious diseases requiring hospital admission were admitted to the Kondray Hospital, Barnsley. The ambulance arrangements were the same as in the previous year, the hospital retaining its own ambulances for this service.

## Maternity Hospitals

Maternity cases were usually admitted to the following hospitals:

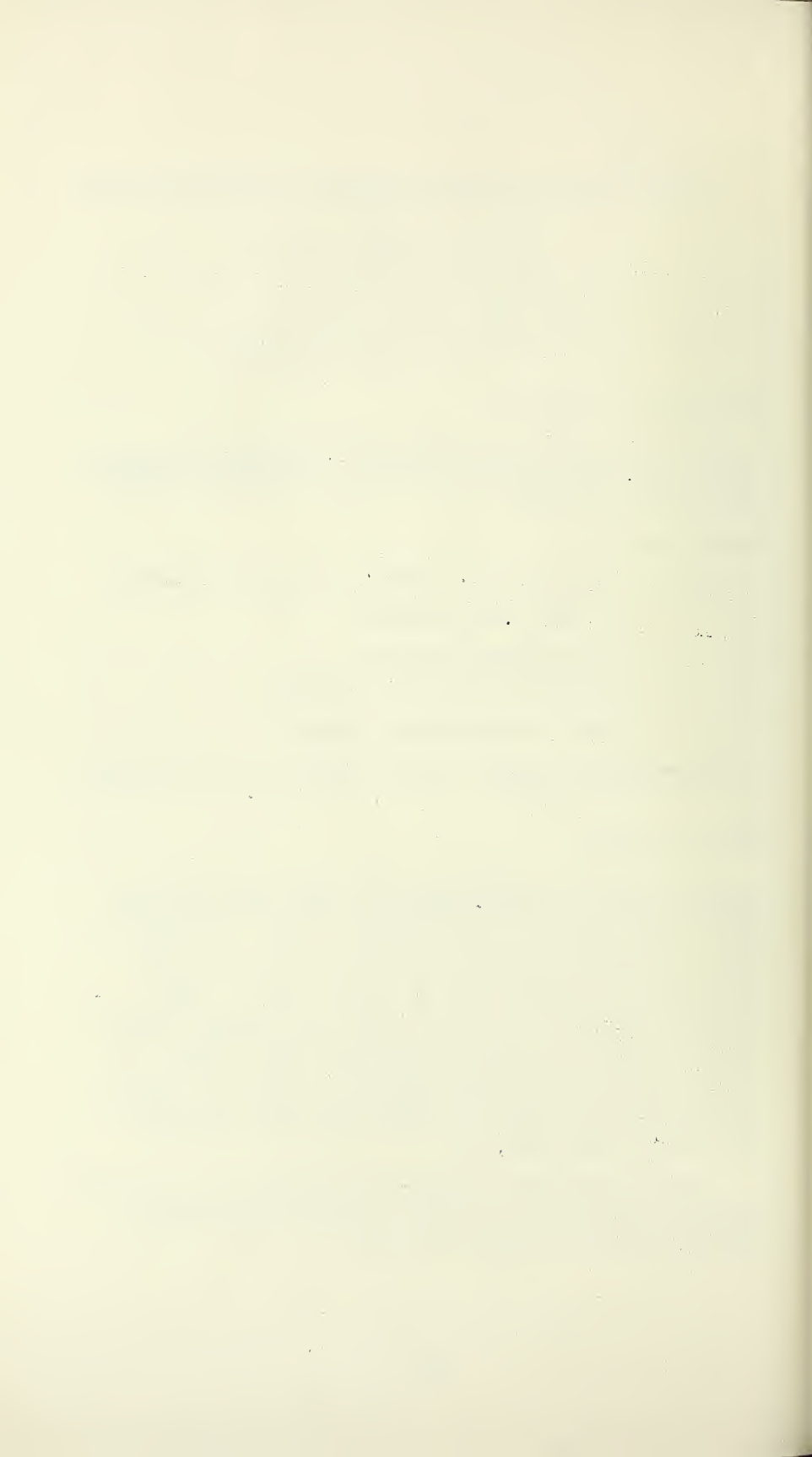
- St. Helen Hospital, Barnsley.
- Montagu Hospital, Mexborough.
- Hallanshire Maternity Home, Chapeltown.
- Pinder Oaks Maternity Home, Barnsley.

The services of the Jessop Hospital, Sheffield, were also available for abnormal obstetric cases.

## Tuberculosis Scheme

Liaison between the Chest Centre and the Health Department was maintained though with some difficulty in the latter part of the year because of the resignation of the Tuberculosis Visitor, a staff vacancy which, unfortunately, it was found impossible to fill. Preventive work in the districts was carried on by the Health Visitors but the clinical side of prevention was not so complete because of lack of personal contact between the nurse and the Chest Centre. While I deprecate unnecessary splitting of the work of Health Visitors into specialised compartments, I am of the opinion that employing one Health Visitor whole-time in the field of Tuberculosis work as against employing many part-time, along with their other duties, has certain advantages and particularly in strengthening the link between the Chest Centre and the Health Department. Despite the shortage of suitable qualified nurses it is hoped the existing vacancy for a Tuberculosis Visitor will be filled next year.

After-care arrangements included extra-nourishment, when recommended by the Chest Physician, in the form of free milk allowance, and bed, bedding and other equipment were loaned to patients where necessary to help in the preventive measures in the home.



The programme of the clinics held at the Chest Centre, 46 Church Street, Barnsley, is given below:

Tuesday	10.0 a.m. to 12.0 noon	(Children)
Wednesday	10.0 a.m. to 12.0 noon	
Wednesday	2.0 p.m. to 4.0 p.m.	
Thursday	10.0 a.m. to 12.0 noon.	
Friday	10.0 a.m. to 12.0 noon	

#### Venereal Diseases

The nearest centre for Darfield patients for the diagnosis and treatment of these diseases is in Barnsley.

Address: Special Treatment Centre,  
Queen's Road,  
Barnsley.

Other centres are situated at Sheffield, Doncaster and Rotherham and a patient suffering from Venereal Disease is at liberty to attend at the centre of his choice. Treatment is completely confidential.

#### Ambulance Service

Each succeeding year sees the demands on the ambulance service grow and last year was no exception to the rule. While the stretcher-case figure remains relatively unchanged the out-patient traffic was heavier and 24,000 more out-patients were carried than in 1952. The increase, while making severe demands on the service and its organisation, was accomplished without any increase in either the vehicle strength or personnel establishment.

Certain improvements in the service, very necessary from the patient's viewpoint, were made; for example the waiting time in the out-patient departments for return ambulances was cut and the discharges from hospital by ambulance were speeded up. Almost the whole of the ambulance service is devoted to hospital work in one form or other and it should be appreciated that by far and away the largest number of authorisations for ambulances are given by members of the hospitals' staffs. It is obvious therefore that the closest liaison must exist between the ambulance service and the hospital staffs and to this end the Regional Hospital Board encourages each hospital to appoint a hospital ambulance officer. Only when the co-operation between ambulance and hospital authorities is uniformly good throughout the area will the ambulance service operate at its maximum efficiency and economy.

#### Home Nursing

It is a happy choice that the section on Home Nursing should follow immediately that on the Ambulance Service for both services perform related duties and both have expanded rapidly in the past few years. The Home Nursing service now has to deal with four times the number of visits it did at its inception in 1948 and there is no evidence as yet of any fall in demand. In the main it is the organisation of the service and the increased mobility of the nursing staff which has made this achievement possible governed, of course, by the over-riding factor of the willingness of the nurses at all times to serve the needs of the sick and the pride they have in their vocation. Organisation has made possible better team work and it is team work that is the strength of the service. But team work is only possible when nurses, because of their mobility, are in a position to help each other and mobility implies adequate transport facilities



for each nurse. Mobility in home nursing is the key to efficiency for without mobility team work is not a practical proposition. Off duty hours and sickness among the staff must be provided for; but not at the expense of the patients, and because illness knows no boundaries the concentration of effort must always be directed to where the need is greatest. It is interesting to note that the four-fold increase in the number of home visits has been accomplished with only a 60% increase in the nursing staff, a fact which surely proves the value of adequate transport for each nurse. The less time spent in travelling the more time each nurse can spend with her patients and the more patients she can visit.

Once again the home nursing service proved of inestimable value to the patients, family doctors and hospitals alike. With the introduction of the biological drugs more diseases are now treated by injections and more and more injection therapy is being undertaken by the Home Nurses under the direction of the family doctor. The saving in hospital beds must be quite appreciable for patients can be discharged much earlier when the hospital staff have confidence in the Home Nursing Service and know that efficient nursing treatment will be given at home. The Home Nursing Service is not a new venture but an old service which has grown considerably in stature in the past few years and whose benefits have become more and more widespread among the community.

### Home Helps

Though the establishment of Home Helps for the division was increased on the 1st January 1953, from 13 whole-time workers or their equivalent in part-time workers to 17, so that all demands on the service could be met, additional assistance from the central pool had to be sought in the last quarter of the year. Despite, therefore, an appreciably larger home help establishment the demand still exceeded the supply showing, I believe, not an increase in the number of aged population or in the amount of illness but a greater awareness and acceptance of the service by the community. It was true that few applicants for domestic help paid little, if anything, towards the cost of the service, but it must be accepted that the purpose of the service is to help those who cannot help themselves and not to provide cheap labour for those who can. Nevertheless, even accepting as we must this principle the question of how far the continued expansion of the service can be allowed to proceed must receive earnest consideration and at all times we must ensure that the allocation of the available home help hours is both wise and fair. The principle of giving the minimum help to the maximum number was upheld last year as in previous years which meant that though few applicants were completely satisfied with the amount of help given all, at least, got some help.

A study of the list of applicants in the past few years is revealing for what began in the war years as a service to assist households during a domiciliary confinement has now become a service, in the main, for aged people. Taken at any one time it will be found that 90% of the applicants receiving domestic help belong to the aged and infirm group and this is one of the reasons why an expansion of the service must be expected. The infirmities of old age are progressive, however slowly, and the need for help, once applied for, increases as time goes by. Large numbers of aged people receiving help at the beginning of the year were still receiving help at the end, one applicant indeed has now been given help for four years and his present need is even greater than it was when he first applied.

New applicants, therefore, lengthen a list already long with the names of aged people. Because of the number of aged people needing help the amount of help given is usually small and often averages only six hours per week. While not advancing it as an excuse for failing in some instances to provide sufficient home help hours to the aged it is an accepted medical opinion that the aged infirm should be kept ambulant where at all possible. In particular the aged person suffering from arthritis reacts badly to inaction and immobilisation and to retain





the mobility of joints an aged person must exercise them. This physical necessity is appreciated by the sufferers much more than it is by relatives and friends and encouragement and help to the infirm in doing a job is often better than relieving them entirely of the work.

We must recognise the impossibility of providing from official resources all the help the aged need to make life worth living. The scope for voluntary help remains as great as ever and it is up to the community at large not only to recognise this fact but to act upon it.

#### Laboratory Service

The laboratory service was provided by the Public Health Laboratory in Wakefield, a national service under the control of the Medical Research Council. The laboratory is equipped to deal with all bacteriological and pathological examinations and a complete investigation is undertaken and report furnished for every specimen sent for examination.

Samples of milk taken under the Food and Drugs Act for chemical analysis were examined by the Public Analyst at Bradford at the expense of the County Council.

#### Maternity and Child Welfare

The maternity and child welfare services are provided by the County Council and clinics are held in the Methodist Church, Barnsley Road. Infant welfare clinics are held each Wednesday afternoon and 51 sessions were held during the year. 3,601 attendances involving 274 children were made, an average attendance of 70.6 per session, and 114 children were seen for the first time all of whom were under 1 year of age. 1,410 examinations were made by the doctor, an average of 27.6 per session. The clinic once again did magnificent work and can indeed be regarded as one of the most popular institutions in the district. Clinic attendance is a habit most mothers in Darfield would not willingly break and I think the healthy infant population of the district is a measure of the clinic's success.

Ante-Natal clinics are held each Friday morning and were well attended during the year especially when compared with similar clinics in the neighbouring districts. 50 sessions were held last year at which 76 patients made 467 attendances with an average attendance of 9.5 per session. In addition 20 patients attended for post-natal examination. The number of hospital confinements last year of mothers resident in your district was 39 as compared with 36 in 1952.

I would like to give a special word of praise to the ante-natal exercises classes run entirely by the midwives. Classes were held each Wednesday morning and proved very popular with the patients. The purpose of the classes are threefold, to explain in simple terms the natural processes of labour, to teach simple exercises, helpful to the patient when in labour, and to remove as far as possible any fear of childbirth by making the unknown known. The classes have proved extremely popular and have already shown good results. Labour is now not only safe for the mother but much of its sting can be removed by careful ante-natal care and preparation and the classes are doing just that.





# INFECTIOUS DISEASES

During the year a total of 40 cases of infectious diseases were notified as compared with 183 notifications in the previous year. The remarkable decrease was due to the fall in the incidence of Measles and the almost complete absence of Whooping Cough.

## Notifiable Diseases (other than Tuberculosis) during 1953.

	Total Cases Notified	Admitted to Hospital	Deaths
Measles	22	1	-
Whooping Cough	1	-	-
Smallpox	-	-	-
Scarlet Fever	4	3	-
Diphtheria	-	-	-
Puerperal Pyrexia	-	-	-
Pneumonia	6	4	2
Acute Poliomyelitis:			
a. Infective	-	-	-
b. Post-infectious	-	-	-
Acute Poliomyelitis			
a. Paralytic	1	1	-
b. Non-paralytic	-	-	-
Erysipelas	-	-	-
Meningococcal Infection	-	-	-
Food Poisoning	-	-	-
Dysentery	-	-	-
Paratyphoid Fever	-	-	-
TOTALS	34	9	2

## Smallpox and Diphtheria Prophylaxis

Predictions in medicine can never be made with certainty and perhaps this is for the best because they cannot always be made in favour of the health of the individual or the community. But I feel a prediction can be made against the return of either Smallpox or Diphtheria to the district with a good degree of certainty for the prediction is backed by the most healthy immunisation statistics. Last year 67 of the 112 babies born in the district were vaccinated or 60% of the total. This figure is higher than the one for the previous year and much higher than the average figure for South Yorkshire. The interesting point to note is that 5 - 6 years ago the number of babies vaccinated was barely 10% of the total births and this really praiseworthy improvement is largely due to the sustained effort of the staff of the clinic. I, personally, still believe that infant vaccination is essential and it is pleasant to know that the majority of parents in Darfield support me.



The diphtheria immunisation statistics are frankly excellent. Last year 89.2% of all children in the district between the ages of 0 - 14 years were immunised as against 87.1% for the previous year. 70.4% of the children in the age groups 0 - 4 years and 98.1% of the children in the age groups 5 - 14 years were protected. Providing these percentages are maintained, as I feel sure they will be, a dangerous illness of children, expensive to treat, can be thrown on the scrap heap of the vanquished and forgotten diseases.

#### Scarlet Fever

4 cases of Scarlet Fever were notified last year as against 2 in 1952 and 5 in 1951. 3 patients were admitted to hospital but the disease in general was mild and without complications.

#### Measles

The incidents of Measles declined from 82 cases in the previous year to 22 cases last year. The disease was not epidemic and its distribution was evenly spread over the year and throughout the district. Generally the illness was mild in character and without complications.

#### Whooping Cough

Only one case of Whooping Cough was notified last year as compared with 85 in the previous year. Whooping Cough often follows a two-yearly cycle and I think the decline last year was in the main the result of natural and not artificial causes. But the artificial protection given by Whooping Cough immunisation is steadily being built up in the district and an ever increasing number of children are being immunised. The results of this immunisation scheme may not be apparent yet but its effect I am sure will be felt in the years to come.

#### Polioyvelitis

One infant contracted Polioyvelitis last year and I regret that he was left with some residual paralysis and was still under treatment at the end of the year.

#### Tuberculosis

6 new cases of Tuberculosis were notified last year, all of whom had Pulmonary lesions. There was 1 death from Pulmonary Tuberculosis last year.

It will be remembered that in the autumn of last year a Mass Radiography Survey was held in Wombwell at which many hundreds of Darfield residents attended. The purpose of such surveys is to expose the hidden source of infection within the community and therefore a rise in the number of notifications during a survey year is not unexpected and indeed need not be viewed with alarm. The case we know of we can treat and render non-infective but the hidden case remains a danger to the community so long as he remains undiagnosed.

B.C.G. vaccination of child contacts with open cases of Pulmonary Tuberculosis was continued throughout the year and the percentage accepting such protection showed a further improvement. The housing circumstances of all cases of Tuberculosis were investigated and I would like to thank the Council for the material help given in the re-housing of infectious patients where re-housing was indicated as a preventive measure.



TUBERCULOSIS - New Cases and Mortality  
in 1953.

Age Periods	NEW CASES				DEATHS			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	M	F	M	F	M	F	M	F
0	-	-	-	-	-	-	-	-
1	-	-	-	-	-	-	-	-
5	1	-	-	-	-	-	-	-
15	-	-	-	-	-	-	-	-
25	1	-	-	-	-	-	-	-
35	-	1	-	-	-	-	-	-
45	1	1	-	-	-	-	-	-
55	1	-	-	-	1	-	-	-
65 and upwards	-	-	-	-	-	-	-	-
TOTALS	4	2	-	-	1	-	-	-



TUBERCULOSIS - New Cases and Mortality for the past  
five years.

Year	NEW CASES		DEATHS	
	Pulmonary	Non-Pulmonary	Pulmonary	Non-Pulmonary
1949	13	-	1	1
1950	13	3	4	1
1951	12	2	2	-
1952	4	-	2	-
1953	6	-	1	-

TUBERCULOSIS - Record of Cases during 1953.

	Pulmonary		Non-Pulmonary	
	M	F	M	F
No. of cases on register at 1st January, 1953.	32	23	4	3
No. of cases notified for the first time during the year	4	2	-	-
No. of cases restored to register	-	-	-	-
No. of cases added to register other- wise than by notifications	2	1	-	-
No. removed to other districts	-	1	-	-
No. cured or otherwise removed from register	2	-	-	2
No. died from Tuberculosis	1	-	-	-
No. died from other causes	1	-	-	-
<hr/>				
TOTAL at end of 1953	34	25	4	1
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A N N U A L   R E P O R T  
  
O F   T H E  
  
S A N I T A R Y   I N S P E C T O R  
  
F O R   T H E   Y E A R   1 9 5 3

To the Chairman and Members of the  
Darfield Urban District Council

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Mr. Chairman and Gentlemen,

It is with great pleasure that I present to you my Annual Report on the Sanitary circumstances of the District, for the year ended 31st December, 1953.

My report follows the same general pattern as in previous years and includes the essential statistics and information such as will convey to those sufficiently interested, that 1953 was a most important year for the district in respect of progress in the improvement of our housing needs. My prophecy in last year's Annual Report, about the number of new houses to be produced, was almost fully realised - 103 new Council Houses being completed and occupied by tenants selected from the various categories of applicant on the Council's House Waiting List.

This rate of house production is, as far as I am aware, the highest on record, and is a most gratifying reward for the hard work which was necessary to achieve this result and at the same time carry on routine work single handed - my assistant being away on military training.

I should like to express my appreciation of the interest, co-operation and support, which has always been shown to me by the Council, the Clerk and Medical Officer of Health.

I remain,

Your obedient servant,

C. CAWTHORNE.

Surveyor & Sanitary Inspector.



## GENERAL SANITARY ADMINISTRATION

### WATER SUPPLY

The Public Water Supply is provided by the Dearne Valley Water Board, and both the variable hardness and pressure has continued to cause trouble. Several pressure bursts occurred in the Balkley Lane District and the Dearne Valley Water Board were asked to regulate the pumping pressure to minimise this trouble.

Eight isolated premises in the Edderthorpe District whose source of water is a Land Spring had to be provided with a temporary supply of mains water when the land spring completely dried up for some weeks.

In an effort to cut down on the considerable cost of descaling domestic hot water systems, Calorifier Systems were exclusively installed in all new houses built by the Council.

During the year ten samples of water were taken from the Mains supply and tested for hardness, which was found to vary between 4.8 minimum and 37.8 maximum parts per hundred thousand. Four samples were taken from the land spring supplying the isolated premises, and all samples were found to be bacteriologically satisfactory.

### RODENT CONTROL

The number of Rodent Infestations continued to be kept to very small numbers. The normal Annual Sewer Treatments were carried out and infestation was found to be limited to a new Housing Estate, the sewers of which had been laid for many months but in which there was a negligible flow of sewage. The sewers were given three maintenance treatments during the year, and after the third treatment no further surface infestations on the new Estate were detected.

### COLLIERY SPOILBANK

The only Colliery Spoilbank in the district continued to be reasonably quiescent, and combustion was kept under control by water jets.

A new tipping site further removed from dwelling houses was selected and the new tip is expected to be brought into use within the near future.

### FACTORIES

There are seven factories on the Register and no formal action was necessary to obtain reasonable conditions.

### OFFENSIVE TRADE PREMISES

During the year the only offensive Trade Premise on the Register discontinued business and the premises were closed.



## SEWERS AND SEWAGE DISPOSAL

During the year Phase I of the Sewerage Improvement Scheme was completed. The Scheme consisted of relaying the sewerage system in one part of the district to a new Pumping Station in Cliff Road complete with a rising main from this Pumping Station to the existing Sewage Disposal Works.

With the completion of this Phase the periodic flooding during heavy storms of Doncaster Road and houses in Sealdale Terrace was eliminated. This flooding had been a source of great inconvenience for many years.

All preparatory work for Phase II of the Sewerage Improvement Scheme was completed in readiness for an early start on this work.

Phase II consists of draining the Low Valley Area into the Disposal Works of the Wombwell Urban District Council. Several major stoppages in the Council's own Sewer which drains this area, served to emphasise the need for this Phase to proceed as soon as possible.

## PUBLIC CLEANSING

The Refuse Collection Service has been maintained in a satisfactory manner throughout the year and a 7-day frequency of collection has been maintained despite the increasing number of premises. The virtual completion of the Saltersbrook Estate has added over 100 houses during the year, to the collection round, and it should be remembered that collection is not so conveniently made on new Estates where houses are less congested and driveways are often long ones.

The recovery of salvage has been continued, but due to lower market prices total sales during the year amounted to only £309. 10. 3d.

### LIST OF SALVAGE SALES - 1953

<u>Date.</u>	<u>Description.</u>	
11.3. 53	Waste Paper, 7T. 13C. 3Q.	£59. 15. 8.
17.4. 53	Copper, Lead, Brass.	20. 17. 0.
19.5. 53	Paper, 7T. 15C.	51. 19. 11.
27.6. 53	Rags.	11. 5. 0.
7.8. 53	C.I. Scrap (Fireplaces) 2T.13C. @ £6.per ton.	15. 18. 0.
14.8. 53	Scrap - £4.12. 6d. per ton.	11. 5. 0.
28.8. 53	Paper.	61. 12. 8.
8.9. 53	Tins 17 cwt. @	} 2/-d. cwt.
5.10.53	Tins 9 cwt. 3 qrs.	
		19. 6.
21.11.53	Tins 1T.2 cwt.2 qrs.	} @ 2/11. cwt. }
"	" 1 Ton	
		4. 12. 1.
20.11.53	Paper, 6T. 17C. 1Q.	50. 18. 2.
1.12.53	Tins 16C. 2Q. @ 2/2d. cwt.	2. 0. 1.
11.12.53	Tins 19C. @ 2/2d. cwt.	2. 1. 2.
Dec. 1953	Rags and Ferrous Scrap.	14. 12. 0.
		<u>£309. 10. 3.</u>



## FOOD INSPECTION

### FOOD PREMISES

Routine inspection of premises has been carried out and the general standard of the premises was reasonably satisfactory.

During the year improvements took place at several shops, and two School Canteens were improved after Notices were sent to the Education Authority.

The number of registered premises is as follows:

Fried Fish Shops	-	7
Ice Cream Dealers	-	14
Meat Products	-	2

### MEAT INSPECTION

There are two private licensed slaughterhouses in the district at which eleven pigs killed under licence, were inspected. All the animals were found to be free from disease.

### MILK

The following is a list of the licensed distributors of Milk:

Sterilised Milk	-	8
Pasteurised Milk	-	4
Tuberculin Tested Milk	-	2

On the 1st May, 1952, the district became a "Specified Area" under the Milk and Dairies Regulations. It is now therefore illegal for any person to sell by retail in the Darfield Urban District any milk other than milk which is sold as "Designated" in accordance with the Milk and Dairies (Special Designation) (Raw Milk) Regulations, and the Milk and Dairies (Pasteurised & Sterilised) Regulations.

### OTHER FOODS

The following miscellaneous items of food stuff were found on examination to be unfit for human consumption and were surrendered for destruction:

Condensed Milk	7 tins.
Tomatoes	6 tins.
Plums	16 tins.
Plums	3 jars.
Strawberries	2 tins.
Pears	1 tin.
Bilberries	1 tin.
Raspberries	1 tin.





### OTHER FOODS (Continued....)

Tinned Meat	9 tins.
Baked Beans	1 tin.
Lamb's Tongues	2 tins.
Cooked Ham	60 lbs.
Skimmed Milk Powder	130 lbs.
Marmalade	2 lbs.
Lemon Spread	1 1/2 lbs.
Potted Chicken	1 jar.
Rock Lobster	1 tin.
Chicken Broth	1 tin.
Pickles	1 jar.
Sauce	15 bottles.
Tomato Purée	3 tins.

### FOOD SAMPLING

During the year the following items were sampled and submitted to the Public Health Laboratory for examination:

Ice Cream	7
Water (Chemical)	10
Water (Bacteriological)	15
Milk (Methylene Blue Test)	8
Milk (Presence of Tubercle baccilli)	2
Milk (Phosphatase Test)	7
Milk (Turbidity Test)	3

Six of the seven Ice Cream samples were categorised as Grade I, and one sample was Grade II which is quite a satisfactory overall position.

All samples of water were found to be bacteriologically satisfactory but chemically the quality was most variable. Further comments on the samples of water examined will be found in my report under the heading "General Sanitary Administration".



## HOUSING

During the year further excellent progress was made in providing new houses and 103 new Council Houses were completed and tenanted. No private houses were completed. Towards the end of October, work commenced on a block of 2 Houses, 1 Flat and 2 Shops and the erection of these buildings will complete the Saltersbrook Housing Estate and provide an adequate shopping centre.

So that the good progress in house building could be continued, work commenced early in the year on the preparation of the next new Site for development. Due to the many existing responsibilities and duties I was unable to carry out the full work of preparation single handed, and a firm of Architects was engaged to assist with this work.

Due to the very satisfactory progress in new house production it became possible to turn attention to the demolition of unsatisfactory property and to the re-housing of the existing tenants in new houses. Four houses were eliminated under Demolition Orders and another fourteen houses were closed by arrangement with the Owner, pending demolition at an opportune time. Some difficulty was encountered in the re-housing of the displaced tenants and two and three way exchanges were necessary in some cases to meet the economic factors involved and personal wishes of people to be moved.

The policy of providing separate sanitary accommodation for property in reasonable condition was continued on a small scale and the last waste water closets in the district were converted.

There was about the usual number of Notices served on private Owners for various items of repair and improvement, and it is worthwhile noting that more Legal Notices were carried out in default by the Council than were carried out by the Owners themselves. In several cases where repairs were necessary owing to damage by Mining Subsidence, there was appreciable delay on the part of the National Coal Board in carrying out the work required.

In July, 1953, the Council's House Waiting List was completely revised and brought up to date. From the new Housing List, the majority of families who were overcrowded were selected for re-housing, and in addition several exchanges were arranged between existing Council tenants to give further relief to this problem. Despite the large number of people rehoused during the year, disinfection was needed in only a few cases and each tenant affected was charged with the cost of this work.

The work of improving old Council houses was continued and many new fireplaces were installed by direct labour. Because of repeated complaints from tenants in the Council's Aluminium Pre-fabricated Bungalows special consideration was given to the problem of dampness and condensation, and a scheme of background heating was devised. One bungalow was selected where the installation could be tested and a special internally rust-proofed radiator was installed in each bedroom. The radiators were then connected by suitable pipework to the existing Hot Water System and as far as can be ascertained at the moment the work has proved entirely satisfactory.

The following is a summary of the various Notices served during the year:

### Notices served under Public Health Act 1936

Informal	294
Formal	60



HOUSING (Continued....)

The following Notices were complied with:

Notices served under Public Health Act 1936.

Informal	270
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Formal: (a) by Owner	25
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(b) by Local Authority in default of Owners.	31
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